

Medi-Cal Program Guide Special Notice 07-07

September 26, 2007

Subject	MEDI-CAL APPLICATION AND REDETERMINATION PERFORMANCE STANDARDS MONITORING REPORT
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Effective Date	October 1, 2007
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Reference	ACWDLs 03-42, 03-48, and 05-22
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Purpose	The purpose of this Special Notice (SN) is to provide information and instructions regarding the monitoring and reporting requirement for the Medi-Cal application and redetermination performance standards.
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Background	As stated in MPG SN 05-08 and SN 03-07, the California Department of Health Care Services (DHCS) established performance standards, which measure whether counties are meeting the Medi-Cal application and annual redetermination timelines mandated by Federal law.
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Federal law requires that:

- Applications for Medi-Cal must be processed within 90 days for applications that are disability based, requiring a Disability and Adult Program (DAPD) evaluation and 45 days for all other applications; and
- Eligibility for Medi-Cal must be reevaluated on a yearly basis.

Note: The process time can be extended if unusual circumstances occur and the worker cannot reach a determination of eligibility because of delays caused by the applicant, DAPD, examining physician, or other factors not within the worker's control.

Counties are required to report to DHCS the percentage of applications and redeterminations, which have been processed within the timeframes specified by Federal law. The reported information will be evaluated for compliance and will require corrective action and counties will be subject to sanctions if not in compliance.

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Sample Month

October 2007 will be the sample month used for measuring Medi-Cal application and redetermination performance standards in San Diego. For applications dated October 1 through October 31, 2007 and redeterminations due in October 2007, Intake and Granted staff must follow the process provided in this SN so that the County is able to gather the required report data.

Performance Standards for Medi-Cal Applications

The Medi-Cal application performance standards require:

- General Medi-Cal applications to be processed within 45 days of the application date; and
- Applications based on disability (a DAPD evaluation is required) to be processed within 90 days of the application date.

Note:

- Medi-Cal rollover applications resulting from a CalWORKs denial and QMB, SLMB, and QI-1 applications are included in the review.
- Applications received through Single Point Entry (SPE) are included in the review. Delays caused by SPE untimely forwarding of an application or providing the needed information to process the application shall be documented in case narrative and will be taken into consideration when the report is sent to DHCS.
- SB 87 (Edwards), Intercounty Transfers (ICTs), Intraprogram transfers (IPTs) are not considered new applications and will not be included in the review.

Applications are excluded from the 45/90-day processing requirement if:

- The applicant provides partial information/verification, is attempting to comply and requests additional time to provide; or
 - DAPD has received the application prior to the 90 day timeframe, but is unable to provide a determination within 90 days of the application date.
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Performance Standards for Medi-Cal Redeterminations

The Medi-Cal redetermination performance standards require:

- Annual redetermination forms to be mailed to the beneficiary by the due date (the first day of the month in which the redetermination is due);
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Performance Standards for Medi-Cal Redeterminations (continued)

- Annual redeterminations, which are **complete** and have been returned **timely**, to be processed within 60 days of the redetermination due date;
- Annual redeterminations for which the packets have not been returned, to have a Notice of Action (NOA) mailed to the beneficiary within 45 days after the date the forms were due.

For the purpose of these redetermination performance standards:

- “**Complete**” means all questions on the RV form were answered, all verifications were provided, and no further action is required from the recipient. Only County action is required because the County has the information necessary to make a determination.
- “**Timely**” means that the recipient has returned the RV form by the due date specified on the RV notice (10/01/07) or by the last day of the month that the RV is to be completed by the recipient (October 31, 2007).

Redeterminations will be excluded from the 60-day requirement if:

- Redetermination forms/verifications are incomplete and the SB 87 process results in a delay or if the beneficiary requests additional time to provide and is given good cause.
- Redetermination forms/verifications are returned complete within 30 days of the discontinuance date.

Required Action for Intake

Application Processing Requirements

Applications shall be processed according to the application performance standards, as stated on page 2 of this SN. The 45/90-day time period starts on the date of the application, including mail-in applications and those sent from SPE, not the date of receipt.

Application Coding Requirements

Workers will use the Special Indicators in CalWIN (see Automation Impact) to identify:

- Disability based applications (requires a DAPD evaluation)
- Applications not processed timely due to delays caused by the applicant who is attempting to comply
- Applications not processed timely due to delays by the State

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Required Action for Intake (continued)

- Craig vs. Bonta applications

Narrative Entries

Workers shall utilize CalWIN Case Comments to document intake activities and reason(s) for applications not processed within the 45-day or 90-day requirement.

Application Processing Reminders

To minimize delays and ensure timely processing of October 2007 applications, staff are reminded to:

- Complete the **Collect DED Referrals and Results Detail** window in CalWIN for disability based applications (requires a DAPD evaluation). Do not forget to indicate “Pending” in the *Status* field of the Disability Evaluation Division section for those pending DAPD evaluation, as shown below.

Number: BU20789 Name: CLEMMONS, KELLY Programs

Status: Closed Collect DED Referrals and Results Detail - Clemmons, Kelly | 60 | 381-54-1339

Name: Clemmc

Data DED Packet Sent to Client	Status	Status Reason	Status Reason Date	Result
0/00/0000			00/00/0000	

Effective Begin Date: 02/21/2006 Effective End Date:

Type of Referral:
☐ IRCA ☐ Retro-Onset ☐ Resubmitted Packet ☐ Re-examination ☐ SGA-IHSS
☒ Initial Referral ☐ Re-determination ☐ Re-evaluation ☐ SGA-Disabled ☐ IHSS

☐ (MC179) 90 Day Status letter Attached Date DED Packet Sent to Client:

Date DED Packet Received from Client: 02/21/06 Date Referral Sent to DED: 03/16/2006

Disability Evaluation Division:
Status: Pending Status Reason: Status Reason Date: Re-Examination Date:

Remarks:

- Activate Medi-Cal benefits for children as soon as they are determined eligible to one of the Federal Poverty Level (FPL) programs. Do not delay enrollment of children if parents request Medi-Cal.
- Activate pregnancy-only Medi-Cal for pregnant women under the 200% FPL Program as soon as eligibility is established. Continue to evaluate for full-scope Medi-Cal if the pregnant woman requests.

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Application Processing Reminders (continued)

- Activate full-scope benefits for individuals claiming PRUCOL status and who are determined otherwise eligible prior to the 30-day deadline in which the applicant must provide documentation of alien status.
 - Complete the MC 223, Applicant's Supplemental Statement of Facts for Medi-Cal, if needed, via an over-the-phone interview with the applicant and mail to the applicant for review and signature.
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Intake Supervisory Monitoring

Intake Supervising Human Services Specialists (SHSSs) will monitor the timely completion of October 2007 applications according to the instructions in this SN using the reports and automated system available. A specialized report has been developed to identify October 2007 applications that have been in pending status of thirty (30) days or more. This report will be sent via email to FRC Managers every Monday, beginning November 1st, 2007 through January 31, 2008.

Required Action for Granted

Redetermination Processing Requirements

Redeterminations shall be processed according to the Medi-Cal redetermination performance standards, as stated on page 2 and 3 of this SN.

Application Coding Requirements

Workers will use the Special Indicators in CalWIN (see Automation Impact) to identify:

- Redeterminations that are received complete (no pending verifications) and timely (no later than October 31, 2007)

Narrative Entries

Workers shall utilize CalWIN Case Comments to document redetermination activities and reason(s) for redeterminations not processed within 60 days of the redetermination due date.

Redetermination Processing Reminders

To minimize delays and ensure timely processing of October 2007 redeterminations, staff are reminded that:

- The most recent pay stub available to the beneficiary is acceptable proof of income.
 - The most recent bank statement available to the beneficiary is acceptable proof of current bank balance.
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Granted Supervisory Monitoring and Reporting

Granted SHSSs will monitor the timely completion of October 2007 redeterminations according to the instructions in this SN using the reports and automated system available.

A specialized report has been developed to identify cases with an October 2007 RRR date that are in “overdue” RRR status as of November 1st, 2007. This report will be sent via email to FRC Managers on November 5, 2007.

SHSSs are required to manually review the cases that appear on the specialized report and indicate whether the packet was complete (no pending verifications) and timely (RV form was returned complete by the beneficiary no later than October 31, 2007). A sample of the report and required entries may be found in Appendix A. A roll-up report for the office shall be sent to the Corrective Action Coordinator, Jennifer Young at MS:W415 by November 30, 2007.

Operation Impact

Medi-Cal SHSSs will be required to conduct a focused review on all intakes and redeterminations due in the month of October 2007. The focused reviews will ensure that these applications and redeterminations are processed timely and have the appropriate CalWIN entries as detailed in the Automation Impact section of this SN. These focused reviews will take priority over regular SCRs during the months of October, November, and December 2007. The focused reviews will have minimal impact to the SCR process in January 2008 as the monitoring will only be for disability-based applications.

Automation Impact

The following Special Indicators shall be used for all applications dated October 1 through October 31, 2007 and all cases with an October 2007 redetermination date. Special Indicators will be recorded on the **Collect Case Special Indicators** window, as shown on Page 7.

Type of Special Indicator	Description	When
MC PS-DAPD	Disability-based application	DAPD required
MC PS-Craig vs. Bonta	Craig vs. Bonta application	Open pending

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Automation Impact (continued)

Type of Special Indicator	Description	When
MC PS-Client Error	App. over 45 or 90 days - Applicant caused	By 45 th /90 th day
MC PS-State Delay	Disability-based App. over 90 days – State caused	By 90 th day
MC PS-Rec'd complete & timely	RV packet received in October 2007 and is complete, with no pending verifications	By 10/31/07

Effective Begin Date: 12/27/2006 Effective End Date:

Type of Special Indicator: Batch AU Exception

Using the drop down menu, select the appropriate Type of Special Indicator

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Note: Applications over 45 or 90 days without the aforementioned Special Indicators will be reviewed and recorded as worker error unless indicated otherwise.

Forms Impact

None

Quality Assurance (QA) Impact

Quality Assurance will review for application or redetermination processing timelines and that the proper documentation of a valid basis for the delay (according to the exceptions listed in Performance Standards on Page two and three) is in the case. A narrative entry must document the reason for the delay. A report of their findings will be provided to Medi-Cal Program to assist in the report to DHCS.

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**Manager
Approval**

ORIGINAL SIGNED BY:

DANN CRAWFORD, ASSISTANT DEPUTY DIRECTOR
Medi-Cal, General Relief and CAPI Program Administration
Strategic Planning and Operational Support

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